W/37
PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Haulk

RECEIVED

Serial No.:

10/044,535

SEP 0 1 2004

**Technology Center 2100** 

Filed:

January 11, 2002

For:

METHODS AND APPARATUS FOR ERROR DETECTION AND CORRECTION OF AN ELECTRONIC SHELF LABEL

SYSTEM COMMUNICATION ERROR

Group:

2133

Examiner:

Kerveros, James C.

Durham, North Carolina August 26, 2004

MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **Amendment**

Sir:

In response to the Official Action of May 19, 2004, please amend the above identified application as follows:

02/03/2005 EWARREN 00000001 140225 10044535

01 FC:1251

110.00 DA

## > BEST AVAILABLE COLI

## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 **CLAIMS AS FILED - PART I** OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) TYPE [ TOTAL CLAIMS RATE FEE RATE FEE 6 BASIC FEE 370.00 BASIC FEE 740.00 NUMBER FILED NUMBER EXTRA OR FOR TOTAL CHARGEABLE CLAIMS X\$18= minus 20= X\$ 9= OR INDEPENDENT CLAIMS minus 3 = X42= X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +280= +140= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL 44n OR **CLAIMS AS AMENDED - PART II OTHER THAN** SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-4 NUMBER PRESENT REMAINING TIONAL RATE TIONAL RATE MENT **PREVIOUSLY EXTRA** AFTER FEE FEE AMENDMENT PAID FOR X\$ 9= X\$18= Minus Total AMEND OR Independent Minus X84= X42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE ENDMENT **PREVIOUSLY AFTER EXTRA** FEE FEE PAID FOR **AMENDMENT** Total Minus X\$ 9= X\$18= OR Minus independent X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-ပ REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE **PREVIOUSLY** AMENDMENT **EXTRA** AFTER PAID FOR FEE AMENDMENT FEE Total Minus X\$18= X\$ 9= OR =-Independent Minus \*\*\* X84= X42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140 =OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT. FEE ADDIT, FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.